



NOTICE About Your DMH Decision Delay

[Date]

[Member's Name]
[Address]
[City, State Zip]

[Treating Provider's Name]
[Address]
[City, State Zip]
[Name of Provider/Clinic/CAU]

HWLA Member Number: *[insert number]*
DMH IS Number: *[insert number]*

RE: *[insert type of service requested]*

(DMH Patients' Rights/Mental Health Provider /CAU) has not processed your

- ☐ grievance ☐ appeal ☐ expedited appeal on time
- ☐ request for mental health services ☐ request for authorization for additional services

Our records show you made your request on:

You requested that _____

We are sorry for the delay in answering your request. We will continue to work on your request and hope to provide you with a decision as soon as possible, but no later than: ***[Insert the Date; Not to Exceed More than 28 Calendar Days From Receipt of Original Request]***

NOTE: If you cannot read or understand this letter, call DMH Patients' Rights at (213) 738-4949. If you have trouble hearing or speaking, use TTY/DD at (800) 735-2929.

As a DMH Healthy Way LA (HWLA) member, you have the following rights:

1. You have the right to file a grievance if you do not think this delay is proper. If you want to file a grievance, you must ask for the grievance within **60 days** from the date you get this letter. It can take up to 60 days for DMH Patients' Rights to decide your grievance.

To file a grievance, call DMH Patients' Rights at (213) 738-4949. If you have problems hearing or speaking, call TTY/TDD at (800) 735-2929. We will help you with your grievance. You may also file your grievance by fax or by writing to:

**DMH Patients' Rights
550 S. Vermont Ave.
Los Angeles, CA 90020
Fax: (213) 365-2481**

2. You have the right to speak for yourself or choose another person to act for you. That person may be a relative, friend, advocate, doctor, lawyer or someone else.

This notice does not affect any other HWLA services.

Sincerely,

(Name of Provider/Clinic/CAU/DMH Patients' Rights)

c: DMH Patients' Rights
 Requesting Provider